Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying	instructions carefully befo	ore completing	this form.	DECE MAR	1 8 2015	
1. CARRIER INFORM	IATION:			Washingto	m Metropolitan	
204 1707	- 77 78.75 / ina	at is an	PORTAT	Area Trans	sit Commission	
*WMATC No. *Name of Carri	er (as shown on certificate of	authority)	SUCIAL			-
*Street Address of Principal P	RCRIST, PC	304 L Apt./Suite Ci	LICODERIO	DGF VA	77191 Zip	<u>-</u>
			•	J		
Mailing Address (if different fr	om street address)	Apt./Suite Ci	у	State	Zip	
571242-8651		703-310	6185 10/20	Frezzes.	8(20):1	nHOC
*Telephone	Other Telephone	Fax	E-mail	1		2000
2. OTHER PASSENGE 93+8-119 USDOT No.	ER CARRIER AUTHORIT DCTC No. Virgin	Y (if applicable		nit number):		
FASTI- JIRE	T PERSON (at mailing ad	السراط	n we should direct	t inquiries): AGごR		
*Name	I	*Title		a (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
*Telephone	Other Telephone	1703-910-6 Fax	LXJJ/(b-nth	2015 80 (2	14000	·CD.w
*Complete section 4 The Metropolitan D	ENT INSIDE THE MET only if the principal place district includes the Distr n, Fairfax, Falls Church, an	ROPOLITAN of business	DISTRICT FOR n section 1 is ou bia, Prince Geo	tside the Metropo	olitan District.	
Name of Registered Agent for S	Service of Process	Telephone	E-maii			
J			m mall		İ	
Agent Address (must be insid	le Metropolitan District)	Apt./Suite City		State	Zip	

5.	form afte	n of org r the ca	anization tha	any merger, consolidation or other chain toccurred after the previous year's a late of authority was issued. If no chain the occurred.	annual report	was filed,	or if not a	applicable,
				n/A				
6.	attac	ch a cor	nplete vehicle	EHICLES USED IN WMATC OPERA list to both pages of this form. If you de all required information.	ATIONS: (1) I	ist your vo an 10 vehic	ehicles be cles in you	elow or (2 ur fleet, you
		*Modei Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
2	5	11011	TOLOTA	577KK3DC5BS086060	457777	VA	8	8760
3		}0\)	1	LIFTAISTENDESAISEST		1	15	405
l cer	tify th	RTIFICA nat this lit, and	report, includ	ing any attachments, was prepared b nation contained in it is true, correct, a	oy me or unde nd complete a	er my supe s of this da	rvision, thate.	nat I have
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OV	an	or print)	VAN A	*Sign	ature 03/18/	2015		